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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2009
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)
Docket Number (Optional)
A0848.70010US00

Application Number 10/541,708-Conf. #6032 Filed July 8, 2005

For THERAPEUTIC POLYPEPTIDES, HOMOLOGUES THEREOF, FRAGMENTS THEREOF AND FOR USE IN MODULATING PLATELET-MEDIATED AGGREGATION

Art Unit 1644 Examiner M. E. Szperka

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1110.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 61,065 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____

/Erik J. Spek/
Signature

March 3, 2010

Date

Erik J. Spek, Ph.D.
Typed or printed name

617.646.8000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 3, 2010

Electronic Signature for Jennifer L. Cioffi: /Jennifer L. Cioffi/